Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377)   www.opers.org

OPERS

Change Request   ☐ Address   ☐ Name   ☐ Bank

*Please check the change(s) you are requesting. Complete, **sign on page 2** and return the form to OPERS at the address above. Include any required supporting documentation. Print in ink or type the requested information below.*

Section 1 - Personal Information and Address Change - *Also complete Section 4 on page 2 to authorize any changes*.

Social Security Number
(If you are receiving a benefit from a deceased member's account, use that member's Social Security number.)

Date Of Birth
Month   Day   Year

Work Phone Number

Home Phone Number

E-mail Address

Name as it currently appears on your OPERS account:
First Name   MI   Last Name

Indicate the plan(s) to which you want the change(s) applied. If you do not make a selection, the change(s) will be made to all plans in which you participate.

☐ All plans   ☐ Traditional Pension Plan   ☐ Member-Directed Plan   ☐ Combined Plan

☐ Money Purchase Plan   ☐ Additional Annuity Plan

NEW STREET OR MAILING ADDRESS   **Apt. Number**

City   **State**   **ZIP Code**

Province   **Country**   **Postal Code**

Section 2 - Name Change - *Complete this Section to change your name. An individual may change his or her name only upon providing OPERS with a complete copy of one of the following documents indicating the new name: a marriage certificate, a divorce or dissolution decree (including any separation agreement) that restores the individual to a prior name, an entry of change of name issued by a probate court in Ohio or another state, or a copy of a Social Security card. The form must be signed as your name appears before changes will be made. Please do not send originals.*

Complete Section 4 on page 2 to authorize the change.

NEW NAME: First Name   MI   Last Name

See next page to make a bank change and authorize changes.

Section 3 - Bank Change - *If you are a recipient receiving a monthly benefit from OPERS, complete this Section to change your banking information and sign below to authorize the change. Attach a voided check or deposit slip.*

Direct deposit is not available for members who reside outside the United States. If you live outside the U.S. and you complete this Section, your monthly payment will be sent as a paper check to the bank address listed below.

Bank Name

Bank Address

City **State** **ZIP Code**

Province **Country** **Postal Code**

Type of Account

Checking Savings

Bank Routing Number

Note: A valid routing number will begin only with a 0, 1, 2 or 3.

Account Number

Section 4 - Signature - *I hereby request that the change(s) noted on this form be made to my OPERS account.*

Your signature for the name as it now appears on your OPERS account.

Today's date

Month Day Year

_____

Do not print or type